

HOSPITALS AND DISPENSARIES.—*Establishment.*

MR. KAVIYOOR K. K. KOCHUKUNJU :

356. To reduce the allotment of Rs. 1,663 for Compounders by Re. 1.

MR. THAMARAPALLIL KOCHUTHOMMEN :

357. To reduce the allotment of Rs. 1,97,972 for Establishment by Re. 1.

Motions for reduction of total grant.

MR. M. L. JANARDANAN PILLAI :

358. To reduce the allotment of Rs. 9,85,083 for Hospitals and Dispensaries by Re. 1.

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360. To reduce the allotment of Rs. 9,85,083 for Hospitals and Dispensaries by Re. 1.

MR. N. NARAYANA KURUP :

361. To reduce the allotment of Rs. 9,85,083 for Hospitals and Dispensaries by Rs. 10.

MR. K. KUNJU PANICKAR :

362. To reduce the allotment of Rs. 9,85,083 for Hospitals and Dispensaries by Re. 1.

MR. KOTTALIL P. ABRAHAM :

363. To reduce the allotment of Rs. 9,85,083 for Hospitals and Dispensaries by Re. 1.

MR. KANNANTHODATH JANARDANAN NAIR :

364. To reduce the allotment of Rs. 9,83,083 for Hospitals and Dispensaries by Re. 1.

MR. N. NARAYANA KURUP :

365. To reduce the allotment of Rs. 9,85,081 for Hospitals and Dispensaries by Rs. 10.

MR. P. S. MUHAMMED :

366. To reduce the allotment of Rs. 9,85,083 for Hospitals and Dispensaries by Re. 1.

25 C—MEDICAL, PUBLIC HEALTH AND SANITATION—
MIDWIFERY AND NURSING CLASSES (Temporary.)*Motions for reduction of total grant.*

MR. C. JEBAMONY NDDAR :

367. To reduce the allotment of Rs. 1,818 for Midwifery and Nursing Classes by Re. 1.

25 H—MEDICAL, PUBLIC HEALTH AND SANITATION—
GRANTS FOR MEDICAL PURPOSES.

MR. G. VELU PILLAI :

368. To reduce the allotment of Rs. 42,500 for grants to Allopathic Medical Institutions by Re. 1.

The question that Government be granted a sum of Rs. 10,50,977 under Demand IX—Medical was put and carried and the grant was made.

DEMAND X—PUBLIC HEALTH AND SANITATION.

MR. M. K. GOPALA PILLAI : Sir, I beg to move for a grant not exceeding Rs. 2,56,416 under Demand X—Public Health and Sanitation.

Motion No. 369.

MR. C. JEBAMONY NADAR (*Kalkulam cum Vilavankod*): Sir, I move to reduce the allotment of Rs. 4,800 for Director of Public Health by Re 1 in order to discuss its policy and administration of the Public Health Department. So far as this Department is concerned, I take it that the work consists more in preventing diseases than in curing them. So far as the curing of diseases is concerned, there is the Medical Department. In the matter of such preventive work, firstly, there is the question of good drinking water, secondly, water for bathing purposes and thirdly, prevention of certain infectious and contagious diseases. Regarding cholera, it is admitted that South Travancore is attacked more than other parts of the State and the main cause of it is said to be due to bad water. I ask what is it that the Department has done till now in order to prevent such bad water being drunk by the people and thereby prevent the root cause of cholera in those places. In fact there are certain areas in the south where no drinking water is available. For example, the pakuthies of Midalam, Keezhmidalam, Killiyoor, Nattalam, etc., want of good drinking water admittedly seriously affects public health. I ask what is it that the Department has done so far to supply this fundamental and necessary relief which those localities require? Similarly, there are various localities in South Travancore where no water is available for bathing purposes. There are no public tanks there. Now what is it that this Department has done for those localities? Government knows the existence of such difficulties in those localities and people in those location have brought these matters to the notice of Government. Yet nothing has been done.

There are yet other localities inhabited by illiterate people, far away from towns. These days of motor traffic, unfortunately, make it difficult for officers to get into actual contact with the rural areas because many of those areas are far away from the public and cartable roads. There was a time, we are told, when the Division Peshkars were able to go to each and every village and ascertain local needs. To the extent there were roads, they travelled in country carts and in other places they travelled on foot. But with the advent of motor cars, I am compelled to remark, there is some laziness and reluctance on the part of officers to go to interior parts. They go only as far as their cars go, and then return back without knowing the condition of the people and their needs. So, my point is that the public Health Department officers should go into the rural parts, find out the needs of the poor inhabitants, and attend to their needs. There is the best opportunity and scope for the department to do the maximum good. Government have allotted a decent amount for sinking wells and tanks. It is for the department to see what that particular locality is which is in immediate need of wells, tanks or other facilities. There are ever so many places which keenly feel such needs. As I said earlier, the need arises more in areas occupied by illiterate people and communities who are backward in education. It is the prime duty of the department to see what the actual needs of those poor people are.

[Mr. C. Jebabamony Nadar.]

In the matter of prevention of contagious and infectious diseases it so happens, the department goes to the places of occurrence only after there is an outbreak of a disease. For instance, in Kalkulam and its suburbs there were some cases of attack of malaria, but the Public Health Department have done nothing to prevent the spread of this disease in that locality. When matters are allowed to go like this the disease becomes intense and serious consequences ensue and so that it becomes difficult to control the malady.

Again, there are certain places in which the wells contain only brackish water unfit for drinking. That is admitted by Government with reference to Eraniel. Water in every well there is brackish. What is it that the department has done there till now? In moving this motion it is also my hope that the department would do more useful work, in the coming year, but utilising the money allotted by Government in the best interests of the suffering people and especially to meet the needs of those localities which are inhabited by backward communities. With these words I commend this motion for the acceptance of the House.

MR. T. C. KESAVA PILLAI (*Kalkulam cum Vilavankod*): Sir, in supporting the motion I wish to speak a few words. It is the duty of the representatives of the people to bring to the notice of Government the public health needs of their respective localities. During 1104, due to attack of malaria in Vilavankod and Neyyattinkara, several deaths occurred. A systematic work was organised by the Public Health Department, to combat malaria and it proved effective to a certain extent. I have to congratulate the Head of the Department for the useful way in which the sanitary subordinates stationed in various pakhuthies carried on their work. It is true that water is one of the essentials for human lives to pull on, like air. It is praiseworthy that a definite programme of work has been chalked out by the department to be carried out in rural parts of Kalkulam, Vilavancod and Neyyattinkara. On behalf of the people of Kalkulam, I thank the Government for their future programme of work. The Government have set apart Rs. 32,000 for the supply of drinking water in Muttom. That is a very important village with a population of about 2000. If a rateable distribution is made, the amount set apart for Muttom is extraordinary. We have to congratulate Government on that idea.

We thank Government for the series of steps taken to eradicate malaria. It is found in hilly tracts from where it spreads to coastal regions as well. There are attacks of typhoid, malaria and even cholera in Vilavancod and Neyyattinkara. I am glad the department is taking steps to prevent them. Some officers were deputed to prepare an estimate for the construction of wells. The estimate that has been prepared amounts to Rs. 2 lakhs or so. I have to request Government to sanction that item as early as possible. Now the supply of water is from irrigation channels. We are thankful to Government for the timely help rendered by them. Another sum to the extent of Rs. 10,000

has been sanctioned by Government for sinking wells before the matter was initiated by the Public Health Department and for that purpose I should specially thank Government. All these amounts have been sanctioned for the supply of water. There is also the 5 years programme chalked out by the Public Health Department. I am sure that will give immense benefit to the poor population in rural areas. With these words, I strongly second the motion.

MR. E. P. VARGHESE (*Ambalapuzha cum Shertalla*): Sir, I wish to make a few observation on this motion. I propose to preface my remarks with the following quotation from the Census report. "Shertallai is an unfortunate taluk. It has the highest proportion of persons afflicted with deaf, mutism, leprosy, and elephantiasis." So the department has to bestow its greatest attention on this unfortunate taluk. Shertalla is one of the most thickly populated taluks in the State. It ranks fourth in point of population. But, it has only one hospital and one dispensary. I know that the Public Health Department is doing something towards the control of mosquito trouble. But that is not enough. Most of the diseases are due to bad water. I am sorry to say that in spite of repeated representations made by the people as well as by the representatives, nothing has been done towards the supply of good drinking water in at least important centres of the taluk. Medical aid is also wanting in the taluk. As I said, one dispensary and one hospital are not enough to meet the needs of such a thickly populated taluk.

Propaganda in rural parts is not being done to the extent it ought to. It is difficult for the department to reach every nook and corner for public health lectures due to the absence of roads. But the general principles of hygiene should be preached to every villager so that he may be enabled to prevent the spread of diseases. So the chief items of work to be immediately attended to by the Public Health Department in Shertalla taluk are, the control of mosquito trouble, supply of good drinking water, medical aid, and dissemination of the knowledge of general principles of preventive hygiene. With these remarks I support the motion.

MR. K. KUNJUPANICKAR, (*Mavelikara cum Kunnattur*): Sir, I support the motion. Shertalla, as my friend submitted, is one of the most troublesome centres. The Government themselves have made some provision for remedying the particular illnesses from which the people there are suffering. But there are other areas also which equally deserve the attention of Government. A distance of about 18 to 20 miles composed of coastline between sea and backwaters is without good drinking water. This matter was placed before Government time after time and year after year and it appears, they had made promises to sink either wells or tanks in those areas. But as yet, nothing has been done especially on the western side of Karthigapally, Karunagapalli and a part of Ambalapuzha. The inhabitants there are in need of good drinking water. Because of the scarcity of good water for drinking purposes, diseases set in there. As soon as the hot season

[Mr. K. Kunjupanickar.]

commences, malaria and cholera visit regularly those areas. On account of water scarcity, even the most important town of Kottayam also, I submit, is without drinking water in summer season, from Kumbham to Idavam. Kottayam is one of the most important towns in our land. People living there even purchase water during that season. I also submit that on account of the scarcity of drinking water in the town during summer season, just as in rural areas which cannot be easily taken care of by the Public Health Department, Kottayam town also is being regularly visited with all sorts of contagious diseases. The attention of Government therefore should be drawn first to the supply of water. Next to air, water is the most important element that a living being has to secure. Water is also needed in certain parts of Mavelikara and Kunnathur. The special attention of the Public Health Department is to be urgently directed to those parts of the State.

The people are not sufficiently educated to know as to how they should look after their health. The publicity and the propaganda work of the Health Department do not reach the mofussil areas of Mavelikara and Kunnathur with the result that smallpox and other contagious diseases like influenza often pay their visits in those taluks. I submit that the Department should pay particular attention to the public health of those two taluks.

Another matter which is equally important and which I want to mention is with reference to the availability of the assistance of the midwives to mofussil women. Health Units are established in some areas where malaria is prevalent. Health Units are not needed at such a large scale at other centres as they are run now in malarial centres. Therefore, the Department should establish centres with jurisdiction of about 2 to 2½ square miles from where ready assistance of midwives can be had to the suffering women and thus the health of our womenfolk can be duly safeguarded.

With these remarks I support the motion.

MR. T. T. KESAVAN SASTRI (*Nominated*): പബ്ലിക് ഹെൽത്ത് ഡിപ്പാർട്ട്മെന്റിന്റെ സേവനങ്ങളെ സംബന്ധിക്കുന്ന പ്രധാന സംഗതികൾ ഈ സഭയുടെ മുൻപാകെ ആലോചനയ്ക്കും നിരൂപണത്തിനും വിഷയമായിരിക്കയാണല്ലോ. ഈ ഡിപ്പാർട്ട്മെന്റ് ഒരു ധാർമ്മിക സ്ഥാപനമായിട്ടാണ് സ്ഥിതിചെയ്യുന്നത്. ഡിപ്പാർട്ട്മെന്റുമുഖേന രാജ്യവാസികളുടെ ധനത്തേയും ആയുസ്സിനേയും പരിരക്ഷിക്കുവാൻ വേണ്ട കാര്യങ്ങൾ എവിടെയും നടത്തിവരുന്നുണ്ട്. ഗ്രാമീണപ്രദേശങ്ങളിൽകൂടി ഡിപ്പാർട്ട്മെന്റ് വേലകൾ നടത്തിക്കൊണ്ടുപോരുന്നതിൽ

ഗവണ്മെൻറിനെജനപ്രതിനിധികൾ പ്രത്യേകിച്ചും അഭിനന്ദിക്കേണ്ടതാകുന്നു. രണ്ടുമൂന്നു കൊല്ലങ്ങൾക്കു മുമ്പ് ഇതേ സമയങ്ങളിൽ എവിടെയും കാളറ മസൂരി മുതലായ രോഗങ്ങൾ പടന്ന് നടമാടുകയും തന്മൂലം അനേകം അകാലനിശ്വാണങ്ങൾ സംഭവിക്കുകയും ഉണ്ടായി. എന്നാൽ ഡിപ്പാർട്ടുമെൻറിന്റെ നിരന്തരമായ പ്രചരണവേലയുടെ ഫലമായി ഇപ്പോൾ അത്തരം രോഗങ്ങളുടെ വളർച്ച ഏകദേശം ഇല്ലാതായിത്തീർന്നിട്ടുണ്ട്. പഞ്ചളിക്കു ഫെൽത്തു ഡിപ്പാർട്ടുമെൻറിന്റെ പ്രവർത്തനങ്ങൾ സൂക്ഷിച്ചാൽ ഗവണ്മെൻറ് നിശ്ചയമായും അഭിനന്ദനം അർഹിക്കുന്നു. രാജ്യവാസികളെ സ്ഥിരമായി സഹായിക്കേണ്ടവേണ്ടി എത്രയുംവേഗത്തിൽ ഗ്രാമപഞ്ചായത്തുകൾ മുതലായ പ്രസ്ഥാനങ്ങൾ ഉവിടെ നടപ്പിൽ വരുത്തുവാൻ ഗവണ്മെൻറുതന്നെ ആഗ്രഹിക്കുന്നതായി അറിയുന്നു. അത് നടപ്പിൽ വരുമ്പോൾ ഇന്നത്തേതിലും ഡിപ്പാർട്ടുമെൻറിന്റെ സേവനങ്ങൾ ഗ്രാമപ്രദേശങ്ങളിൽ ഇതിലും ഉപരി ഫലപ്പെടുത്തിരിക്കുകയില്ല. ഈ ഡിപ്പാർട്ടുമെൻറിന്റെ കഴിഞ്ഞ പ്രവർത്തനങ്ങളെപ്പറ്റി വിശദമായ ഒരു പ്രസ്താവന ചെയ്യുവാൻ ഞാൻ ആഗ്രഹിക്കുന്നില്ല. സർ, കഴിഞ്ഞ രണ്ടു വർഷങ്ങളെ അപേക്ഷിച്ച് നോക്കുന്നപക്ഷം ഡിപ്പാർട്ടുമെൻറിലേക്ക് അനുവദിച്ചിട്ടുള്ള ബഡ്ജറ്റ് സംഖ്യ കുറവായിട്ടാണ് കാണുന്നത്. ഇതു തൃപ്തികരമല്ല. ഫെൽത്തു ഡിപ്പാർട്ടുമെൻറു മുഖേന നടത്തുന്ന സാംക്രമികരോഗ നിവാരണം അഭിനന്ദനീയം തന്നെ. ഈ ഡിപ്പാർട്ടുമെൻറിനു ആവശ്യമായ സംഖ്യകൾ അനുവദിക്കുന്നതുകൊണ്ടു ഗുണമല്ലാതെ ദോഷമേയല്ല. ൧൧൧൩ൽ ഈ ഡിപ്പാർട്ടുമെൻറിന് ചേക്ക് ൨,൩൪,൯൩൮ രൂപയും ൧൧൪-ൽ ൨,൫൭,൪൬൦ രൂപയും അനുവദിച്ചിരിക്കുമ്പോൾ ൧൧൫ ചേക്ക് ൨,൧൦,൪൧൬ രൂപമാത്രമേ ബഡ്ജറ്റിൽ കൊള്ളിച്ചിട്ടുള്ളൂ. നാൾക്കുനാൾ ഈ ഡിപ്പാർട്ടുമെൻറിന് കൂടുതൽ കൂടുതൽ പരിഷ്കാരവും അഭിവൃദ്ധിയും ഉണ്ടാകേണ്ടതാണെന്നുള്ള എന്റെ അഭിപ്രായത്തെ ഇവിടെ പ്രകാശിപ്പിച്ചുകൊണ്ടു ഞാൻ ഈ ഉപക്ഷേപത്തെ പിൻതാങ്ങുന്നു.

MR. THAMARAPALLIL KECCHUTHOMMAN (Thiruvalla) : സർ, ജനങ്ങളുടെ ആരോഗ്യത്തെ പരിക്ഷേപിക്കുന്നതിനുവേണ്ടി സ്ഥാപിച്ചിട്ടുള്ള പഞ്ചളിക്കു ഫെൽത്തു ഡിപ്പാർട്ടുമെൻറ് ഉൾനാടുകളെപ്പറ്റി വേണ്ടവണ്ണം ശ്രദ്ധിക്കുന്നില്ല. ഇവിടത്തെ ഉൾനാടുകളിൽ മലേറിയ സന്നിഹിതജ്വരം കഷ്ടരോഗം മുതലായവ ധാരാളമുണ്ട്. വിശേഷിച്ചും തിരുവല്ലാ താലൂക്കിൽ പല ഉൾനാടുകളിലും ഇവ വ്യാപിക്കുന്നുണ്ട്. ഫെൽത്തു ഡിപ്പാർട്ടുമെൻറിൽനിന്നും ഇപ്പോൾ കേവലം പട്ടണങ്ങളിൽ മാത്രമാണ്

[Mr. Thamarapallie Kochuthommen]

പ്രചരണവേലകൾ നടത്തുന്നത്. അതുകൊണ്ട് ഉറനാടുകളിലേക്കു യാതൊരു തുണവുമില്ല. അവർ ആരോഗ്യത്തിനും ശുചീകരണത്തിനും ആയുർവ്വേദ മാർഗ്ഗങ്ങൾതന്നെ അറിയാൻ പാടില്ലാതിരിക്കുന്നു. ആ കാര്യത്തിൽ അവർക്ക് വേണ്ട ഉപദേശങ്ങൾ നൽകുന്നതിനു ഡിപ്പാർട്ടുമെന്റു മേലദ്ധ്യക്ഷൻ വേണ്ട ശ്രദ്ധ പതിപ്പിക്കുകയും വേണ്ട നിവാരണമാർഗ്ഗങ്ങൾ അന്വേഷിക്കുകയും ചെയ്യേണ്ടതാണ്. തിരുവല്ലാ താലൂക്കിൽ വളരെയധികം കുഷ്ഠരോഗികൾ ഉണ്ട്. ഏതെല്ലാം സ്ഥലങ്ങളിലാണെന്ന് കാണിച്ചുകൊടുക്കുവാൻ കൂടി ഞാൻ തയ്യാറുണ്ട്. കഴിഞ്ഞയാണ്ടിൽ മലേറിയകൊണ്ടും സന്നിപാതജ്വരംകൊണ്ടും പലരും മരിക്കുവാനിടവന്നിട്ടുണ്ട്. അതുകൊണ്ട് പബ്ലിക് ഹെൽത്ത് ഡയറക്ടറുടെ ശ്രദ്ധ ഈ വിഷയത്തിൽ പതിയണമെന്നപേക്ഷിക്കുന്നു.

MR. VARKALA K. MADHAVAN (*Chirayinkil cum Nedumangad*): Sir, I support the motion. In doing so I wish to make a few observations. The villages of Nedumangad are badly affected with malaria which is rampant there. It is seen to be persistent among the poorer classes of the population. The Chief reason, I think, for the prevalence of malaria among the rural population is their sad economic condition. Most of these people are underfed and they do not possess proper clothing even to cover their nakedness. Really, their condition is very pitiable. I will not say for a moment that the Public Health Department is negligent in this respect. I know, that they have done much good work in this direction when the epidemic broke out in its virulent form a few years ago. But now they are not paying such attention to the villages of Nedumangad. T. P. So far as the Chirayinkil taluk is concerned the conditions prevailing in the coastal villages there, are much worse than the conditions prevailing in Shertallai. Good drinking water is not available to the people of Vakkom, Kaikara and Kovilvatton. The money which has already been spent in sinking tube wells in these parts will be a waste, unless those works are completed in the nearest future.

Sir, another rampant evil which is manifest in these parts, especially in the villages of Vakkom, Kaikara and even in Varkala is the prevalence of that deplorable disease-leprosy. We cannot walk in any of these villages for two miles without meeting at least one leper. So, my submission is that it would be better to segregate these lepers and shut them up in the leper colony. With these words I support the motion.

MR. M. KESAVA PANICKAR (*Neyyattinkara cum Trivandrum*): Sir, I rise to support the motion. I have tabled a similar motion. I should like to say a few words with regard to the prevalence of malaria with particular reference to the taluks of Neyyattinkara, Vilavancode and Nedumangad. Sir, it is gratifying to find that the

Government have realised the fact that malaria is "a menace to public health and consequently a source of great anxiety to Government". It is encouraging to find that Government have recently established 3 new dispensaries at Vellanad, Malayinkizh and Moolakkonam and a sum of Rs. 5000 has been allotted for relief measures in the budget for the ensuing year. But, Sir, this allotment is not at all satisfactory. Let us examine the death rate resulted from this disease of the various pakhathies of the Neyyattinkara taluk and Nedumangad for the months from Chingom to Idavom 1114. The following figures will show that the disease takes a heavy toll of human lives from these parts.

Kunnathukal	272
Perumkadavilai	274
Maranallor	177
Kattakadai	408
Marukil	109
Vilappil	175
Ottasekaramangalam	183
Vellanadu	47
Kallikadu	191
Arianadu	216

Let me point out, Sir, that poverty is one of the chief reasons for the prevalence of this disease among the rural populations. Therefore, I would suggest the Government will be pleased to adopt relief measures, such as free distribution of rice, immediately, to the poor people of those parts. With these words, I support the motion.

MR. E. E. PANDARATHIL (*Jenmies South*): Sir, although the sense of individual cleanliness is very high in our country, in the matter of the sense of collective or common hygiene we are wanting very much. We are progressing in this direction but slowly. In any case, I should say that any amount of public education in this matter would not be too much. I hope Sir, that the institution of the broadcasting scheme will be made better use of in this direction also by broadcasting instructions on hygienic principles to the listeners all over the State.

These two years, after a larger number of people have been admitted into our temples, the occasion has been so abundantly availed of that most of the tanks are now unfit for bathing purposes—because in Malabar, among the Hindus it is the custom to take a dip bath before worshipping the deity. And the condition of these tanks has gone on worse. I think that the Government should take early steps to improve these tanks for the sake of improving the public health of the country.

Our utsavoms and other festivals in the temples attract crowds of people who congregate in the temple premises and as a result of which these places become so insanitary that they can demonstrably be used as a model of neglect of sanitation and to educate people in respect of public hygiene by public lectures etc. With these few words I support the motion.

MR. A. K. KUMARAN VAIDYAN (*Kunnathurad cum Parur*) : സർ, ഞാൻ ഈ ഉപദേശത്തെ അനുസരിക്കുന്നു. പമ്പ്ലിക്ക് ഫെൽത്തു ഡിപ്പാർട്ടുമെന്റിൽ നിന്നും തെക്കൻതിരുവിതാംകൂറിലേക്കു വളരെ സൗകര്യങ്ങൾ ചെയ്യുകൊടുത്തിട്ടുണ്ടെന്നുള്ളത് നിസ്തർക്കമായ സംഗതിയാണ്. എന്നാൽ അതിൽ പത്തിലൊരു ഭാഗമെങ്കിലും വടക്കൻതിരുവിതാംകൂറിലെ ജനങ്ങൾക്ക് ചെയ്യുതരണമെന്നു ബഹുമാനപ്പെട്ട ഗവണ്മെന്റിനേയും, പമ്പ്ലിക്ക് ഫെൽത്തു ഡയറക്ടറേയും അറിയിച്ചുകൊള്ളട്ടെ. ഇതൽനിന്നും തെക്കൻതിരുവിതാംകൂറിലേക്കു മേലാൽ യാത്രൊന്നും ചെയ്യരുതെന്നു പറയുന്നതായി അത്ഭുതമാക്കരുത്. പറവൂർ താലൂക്ക് വളരെ ജനവാഹുല്യമുള്ള ഒരു സ്ഥലമാണ്. അവിടെ പമ്പ്ലിക്ക് ഫെൽത്തു ഡിപ്പാർട്ടുമെന്റിന്റെ ശുദ്ധ ശരിയായി പതിയുന്നില്ല. വടക്കേക്കര പകുതി ഏകദേശം അൻപതിനായിരത്തിൽ പരം ജനങ്ങൾ നിവസിക്കുന്ന ഒരു സ്ഥലമാണ്. അവിടെ ജനങ്ങൾക്കാവശ്യമുള്ള കിണറുകളും കുളങ്ങളും യാതൊന്നും ഇതുവരെ ഉണ്ടാക്കിക്കൊടുത്തിട്ടില്ല. ആ യാത്രയേക്ക് വല്ല അപേക്ഷകളും ബഹുമാനപ്പെട്ട ഗവണ്മെന്റിനോ പമ്പ്ലിക്ക് ഫെൽത്തു ഡയറക്ടറോ അയച്ചുകൊടുത്താൽതന്നെയും അത് തൃശ്ശൂരോടായി കിടക്കുന്നല്ലാതെ അതിനെക്കുറിച്ച് യാതൊരു നേപാലംനവും നടത്തുന്നില്ല എന്നാണ് എന്റെ അറിവ്.

വേനൽക്കാലത്തു് ഉപ്പുവെള്ളം ബാധിക്കുന്ന സ്ഥലങ്ങളാണ് പറവൂരിലെ അധികഭാഗവും. അവിടെ വേണ്ട സഹായങ്ങൾ ഗവണ്മെന്റു ചെയ്യുകൊടുക്കുമെന്നുള്ള വിശ്വാസത്തിന്മേൽ അവിടുത്തെ ആവശ്യങ്ങൾ നിർവഹിച്ചുതരണമെന്ന് ഞാൻ വീണ്ടും അപേക്ഷിക്കുന്നു. ഉപ്പുവെള്ളം കുടിക്കാൻ നിവൃത്തിയില്ലല്ലോ. ഓരോ പകുതിയിലും ഓരോ കിണറുകളിലും പമ്പ്ലിക്ക് ഫെൽത്തു ഡിപ്പാർട്ടുമെന്റിൽനിന്നും ജനങ്ങളുടെ ആവശ്യത്തിലേക്കായി കുഴിപ്പിച്ചുകൊടുക്കണം. വിശേഷിച്ചും വടക്കേക്കര പകുതിയെപ്പോലെ ഉപ്പുവെള്ളം വേറെ ഒരു പകുതിയിലും കയറുകയില്ല. അവിടെ വേനൽക്കാലത്തു കുടിക്കാൻ ജലം കിട്ടുന്നില്ല. കൂടാതെ പറവൂർ താലൂക്കിന്റെ തെക്കുഭാഗത്തു് മഴവൻ പുഴി മണ്ണായതുകാണ്ടു് എത്രതന്നെ കിണറു താഴ്ത്തിയലും വെള്ളം കിട്ടാൻ നിവൃത്തിയില്ല. വലുതായ കുളങ്ങൾ കുഴിക്കാൻ ധനശക്തിയുള്ള ആളുകൾ അവിടെ വളരെ ചുരുക്കമാണ്.

MR. KOTTALIL P. ABRAHAM : അവിടെ കിണറു കുഴിപ്പിച്ചാൽ നല്ല വെള്ളം കിട്ടുമോ?

MR. A. K. KUMARAN VAIDYAN : കിട്ടും. ഗവണ്മെന്റവകയായ പുറം പോക്കു കള്ളക്കുറുത്തു അവിടെ കിട്ടിപ്പോകും. ൧൦ കൊല്ലത്തിനുള്ളിൽ അവിടെ വെള്ളം വറ്റിയിട്ടുണ്ടായിട്ടുള്ളൂ. അതുതന്നെയും വേനലിന്റെ കാരിനുംകൊണ്ടാണുതാനും. അതുകൊണ്ട് പാവപ്പെട്ടതല്ലാത്തതായി ആവശ്യത്തിനായി കള്ളക്കുറുത്തു കഴിപ്പിച്ചുതരികയോ അല്ലെങ്കിൽ ചെറിയ ചെറിയ കിണറുകൾ ഓരോ കരകളിലും കഴിപ്പിച്ചുതരികയോ ചെയ്യണമെന്നു വിനീതമായി ബഹുമാനപ്പെട്ട ഗവണ്മെന്റിനോടു ഞാൻ സവിനയം അപേക്ഷിച്ചുകൊള്ളുന്നു.

MR. S. CHATTANATHA KARAYALAR (Pattanamparam cum Shencotta): Sir, I wish to make only one observation and that is with reference to the registration of vital statistics. I was much interested to see some of the graphs incorporated in the Administration Report of the Public Health Department for 1113. They are set opposite to pages 4 and 9 of the Report. It will be observed therefrom that the birth rate in conservancy towns are higher than those of the municipal towns and these again are higher than the rate in rural areas. Similarly the death rates in conservancy towns are higher than those of the municipal towns and these rates are higher than the death rates in rural areas. These indicate that the registration of vital statistics is not satisfactory. There cannot be such divergence of figures. It is also interesting to see that the birth rates and death rates in those taluks where the health organisations have been constituted and are functioning are higher than those of other taluks. These figures are very significant and call for improvement in the methods of registration of vital statistics. Registration of vital statistics on a very correct basis is very important from the point of view of the public health of the State. These statistics serve as a valuable guide to Government in formulating proposals of a far reaching character regarding public health. Sir, I leave it at that and wish to draw the pointed attention of the Public Health Department to devise measures to register vital statistics more efficiently and reliably.

MR. K. DOMINIC JOSEPH (Paikom cum Kottayam): Sir, I would support the motion in order to bring to the prominent attention of Government ———

PRESIDENT : The Honourable member will kindly raise his voice.

MR. K. DOMINIC JOSEPH: Sir, I was saying that I do support the motion, in order to bring to the prominent attention of Government the condition of the Peermade taluk. It is well known that the High Ranges are the most malarial places in the whole State. I take it that the disease is so widespread there because of the lack of good drinking water. The scarcity of drinking water in Peermade I presume has attracted the attention of the Government. Both the Government and the Department should take this into their particular attention. Sir, several deaths occur in the High Ranges unknown to anybody and uncared for

[K. Dominic Joseph]

by any people. It is most probably due to the fact that Peermade is situated far away from the capital that very scant attention is being paid by the Department to the hygienic needs of the locality. So I submit that the Public Health Department should bestow increasing attention to the pakuthies in the High Ranges so far as the people's need with regard to their health is concerned.

MR. M. RAMAIAH PILLAI (*Chirayinkil cum Nedumangad*): Sir, I beg to support the motion. In doing so I would like first of all to congratulate the Government on behalf of my constituency for opening a dispensary at Vellanad in the Nedumangad Taluk. Sir, the Nedumangad Taluk is specially unfortunate in the matter of the incidence of this fell disease. The only request that I can make to Government at this juncture is that they should make some proper arrangement for the liberal distribution of quinine and other aids to the people who are suffering from Malaria. With these words I support the motion.

MR. P. V. MATHAI CHEMPARATHY (*Meenachil cum Todupuzha*): Sir, I too support the motion. In doing so I will confine my remarks to the deplorable conditions of our tea shops and hotles in the towns so far as cleanliness and sanitation is concerned. It is high time for the Government to bring forward and pass a suitable legislation in order to improve the condition of these tea shops. The surroundings of these places are rather very dirty. I know these conditions can be improved by suitable legislation. So much about that.

Then there is another question to which I draw the immediate attention of the Government and the Department. This is the problem of beggars who suffer from contagious diseases who roam about in towns and villages. To stop this also suitable legislation is necessary. We see very many of these beggars infected with leprosy and other contagious diseases mixing with people in market places. It is in this way that the disease spread. So, it is high time for the Department to pay their particular attention in this matter.

Sir, I would be failing in my duty if I do not mention about my taluk i. e., Thodupuzha. Thodupuzha is a conservancy town. But there is not a single urinal or latrine anywhere in the town. I hope that the Public Health Department would pay their special attention in this matter and afford suitable facilities to satisfy the primary needs of the the people. With these remarks I support the motion.

MR. N. NARAYANA KURUP (*Ambalapuzha cum Shertalla*): Sir, I support the motion. In doing so I wish to make a few observations. In the first place I want to state that the Director of Public Health is very unkind to my constituency. My constituency consists of two taluks, Shertalla and Ambalapuzha. The coastal regions of these two taluks are very insanitary and there is no good water for drinking purposes. The people are affected with one disease or another. The other parts of my constituency consist of water-logged areas. Means of communications in both these parts are very scanty. In this respect the Chief Engineer has also been very unkind to my constituency.

So, I want to bring to the notice of the Director of Public Health to pay more attention to these parts of my constituency. It was told that the Department has done a great deal in the matter of controlling the mosquitoes in the water-logged areas in Shertallai and in Alleppey. Of course, I appreciate the work they have done so far. This mosquito controlling work was conducted very satisfactorily so far. Now, I understand that the Municipality of Alleppey have decided that they would not give any more funds for this work. So I submit that either the Government should find funds or they should make the Municipality to pay to continue this work. If it is impossible the Pro-Vice Chancellor should be asked to get the services of his Marine biologist or zoologist to find out some birds to eat all these mosquitoes, as he has found out a kind of fish to eat water mosquitoes.

Sir, about the water-logged areas in Kuttanad, I wish to make a few observations. If the Director were to pass along the rivers and canals of my constituency he will be able to see a good number of privies opening down into the water. It needs no further explanation to understand that this evil practice among the people there will affect the public health of that locality to a very great extent. Sir, this practice can be checked only by passing a penal legislation in this respect. In this connection I wish to make one suggestion to the Director of Public Health. He may submit a scheme to Government to make Kuttanad a Public Health unit. An assistant Surgeon must be in charge. He may arrange for several lectures on Sanitation and public health in those localities. He may also recommend to Government to promulgate laws, penalising the pollution of drinking water in any manner. He may also find out a system of cheap privies to be constructed by the people in their compounds.

For about three months in the year, get only brackish water. Hence he may recommend to Government for the construction of public wells in each panchayat in Kuttanad to provide good drinking water.

If such a scheme of work is started, and the people of my constituency are given good drinking water, I believe that we may live a happy longer life of 100 or 120 years.

Secondly, the medical aid being scanty the Surgeon General may be pleased to come to our rescue by starting with a definite programme to a moving Allopathic Dispensary in boat touch all the water-logged areas. That would help us much in the matter of medical aid. With these observations I support this motion.

MR. S. KRISHNA AIYAR (*Nominated*): May I know whether his constituency does not possess the only perennial artisan well?

MR. N. NARAYANA KURUP: Yes, Sir. It is at Thottappalli where the population is scanty. It is not at all useful to us. But we may boast of that, as we boast of having such departments as the Industrial, Agricultural and the co-operative. Even the water is hopeless.

MR. PULIYOOR T. P. VELAYUDHAN PILLAI: May I know whether the honourable member is aware of a new provision being made in the next year's Budget for the control of philariasis?

MR. N. NARAYANA KURUP: Yes. But that disease is not known to water logged areas.

MR. P. SIVARAMA PILLAI: May I now from the Pro-Vice-Chancellor whether the Marine Biologist can do anything in the matter of bringing up birds to swallow mosquitoes?

MR. S. CHATTANATHA KARAYALAR: Sir, on a point of order. May I know whether a question can be put to a member who is not in possession of the House?

PRESIDENT: Quite so.

MR. KOTTALIL P. ABRAHAM: (*Muvattupuzha cum Devicolum*). Sir I want only to impress upon the Government and the head of this Department the condition of malaria in Kothamangalam. The Administration Report for 1113, pages 36 and 37 shows that the number of patients treated for malaria in the Kothamangalam Dispensary during 1113 was 9,321. The number noted for the previous year, viz., 1112 was very much larger, it being over 14,000. These figures amply show the wide spread nature of the malaria in that part of Muvattupuzha taluk. I do not know what the department have done towards alleviating the distress, of the people of Kothamangalam in this respect.

MR. THARIATHU KUNJITHOMMAN (*Muvattupuzha cum Devicolum*): സർ, പബ്ലിക് ഹെൽത്ത് വകുപ്പിലെ പ്രവർത്തനങ്ങളെപ്പറ്റി ചിലതെല്ലാം ഈ അവസരത്തിൽ പ്രസ്താവിക്കേണ്ടിയിരിക്കുന്നു. രോഗം പകരതെ സൂക്ഷിക്കുന്നതിനും പകർച്ച ഉണ്ടായാൽ അതിന്റെ വ്യാപ്തിയെ കുറയ്ക്കുന്നതിനുമെന്നപ്പോ ഈ വകുപ്പ് പ്രധാനമായി ഉദ്ദേശിക്കപ്പെട്ടിട്ടുള്ളത്. നാട്ടിൻപുറങ്ങളിൽ സഞ്ചരിച്ച് ജനസാമാന്യത്തിന്റെ ഇടയിൽ രോഗങ്ങൾ പകരാതെയിരിക്കുന്നതിന് വേണ്ട നിർദ്ദേശങ്ങൾ പബ്ലിക് ഹെൽത്ത് ഡിപ്പാർട്ട്മെന്റിൽനിന്നും നൽകുന്നുണ്ടെന്നുള്ളത് സമ്മതിക്കാം. എന്നാൽ പകർച്ച രോഗങ്ങൾ അധികവും പട്ടണങ്ങളിൽനിന്നുമാണ് നാട്ടിൻപുറങ്ങളിലേക്കു കടക്കുന്നത്. രാജധാനിയിൽ തന്നെ പ്രധാന റോഡുകളിലല്ലെങ്കിലും മറ്റു റോഡുകളുടെ ഭാഗങ്ങളും മലമുത്രവിസർജനം ചെയ്ത മലിനപ്പെട്ടിട്ടിരിക്കുന്നതാണ്. അതുകൊണ്ട് പൊതുജനാരോഗ്യത്തെ വർദ്ധിപ്പിക്കുന്നതിനു ഒന്നാമതായി ചെയ്യേണ്ടത് പട്ടണങ്ങളിലെല്ലാം രണ്ടോ മൂന്നോ ഫർലാഗ് ദൂരത്തിൽ വേണ്ട കക്കൂസുകൾ ഉണ്ടാക്കുക എന്നുള്ളതാണ്. റോഡുകളിൽ മലമുത്രവിസർജനം ചെയ്യുന്നതുകൊണ്ട് ഇക്കുവോം, ടൈഫോയിഡ്, എമീബി ഡിസൻടി മുതലായ രോഗങ്ങൾ പകരാതിടയാകും. മലമുത്രങ്ങളിൽ പറ്റിയിരിക്കുന്ന ഈച്ച

ക്ഷേണസാധനങ്ങളിൽ കൂടി ഉള്ളിൽ, രോഗബീജത്തെ കടത്തിവിടുന്നു. നിവൃത്തിയില്ലാതെ വരുന്നതുകൊണ്ടാണ് ആളുകൾ റോഡിൽത്തന്നെ മലമുത്രവിസർജ്ജനം നടത്തുന്നത്. അതിലേക്കു അവർക്കു സൗകര്യമുള്ള സ്ഥലങ്ങൾ ഉണ്ടാക്കിക്കൊടുത്തതിനുശേഷം റോഡുകളിൽ കാവൽ വച്ചിട്ടെങ്കിലും മലമുത്രവിസർജ്ജനം നടത്താതിരിക്കുന്നതിനു ഗവണ്മെൻറു സൂക്ഷിക്കണം. എന്നാൽ മാത്രമെ സാംക്രമികരോഗങ്ങളെ തടയാൻ സാധിക്കുകയുള്ളൂ. നാട്ടിൻപുറങ്ങളിൽ ഗ്രാമഫോൺ കൊണ്ടുവന്നു പാടുകൾപാടി ആളുകൾ കൂടുമ്പോൾ പബ്ലിക് ഹെൽത്തിനെ സംബന്ധിച്ച ചില പ്രസംഗങ്ങൾ നടത്തുന്ന പതിവുണ്ട്. നാട്ടിൻപുറങ്ങളിൽ വിസ്താരമുള്ള പറമ്പുകൾ സ്ഥലങ്ങൾ ഉള്ളതുകൊണ്ട് മലമുത്രവിസർജ്ജനത്തിനു ധാരാളം സൗകര്യമുണ്ട്. അതുകൊണ്ട് ഗ്രാമങ്ങളെ അപേക്ഷിച്ച് പട്ടണങ്ങളിലാണ് പബ്ലിക് ഹെൽത്തു ജോലികൾ അധികം നടത്തേണ്ടത്.

മലേറിയ ഇപ്പോൾ ഒരുവിധം സാംക്രമികരോഗമായിത്തീർന്നിട്ടുണ്ട്. എന്റെ നിയോജകമണ്ഡലത്തിലുൾപ്പെട്ട കോതമംഗലത്തിനടുത്തു മണ്ണാങ്കണ്ടത്തിൽ മലേറിയ ധാരാളമുണ്ട്. മണ്ണാങ്കണ്ടം അടുത്ത കാലത്തു കൃഷിക്കായി ജനങ്ങൾക്കു പരിമുക്കൊടുക്കുകയും മണ്ണാങ്കണ്ടം അവിടെ കൃഷി തുടങ്ങുകയും ചെയ്തിട്ടുണ്ട്. എന്നാൽ അവിടെ കൃഷി ചെയ്യുന്നതിനു പോകുന്നതിൽ അധികം പേരും മലേറിയ പിടിച്ച് വിളരി ഒരു മാതിരി പ്രാകൃതവേഷധാരികളായി കണ്ടുപെടുന്നു. മണ്ണാങ്കണ്ടം പതിച്ചുകൊടുത്ത വകയിൽ ഗവണ്മെൻറിനു വലുതായ സംഖ്യ തറവിലയിനത്തിൽ കിട്ടിയിട്ടുണ്ട്. നികുതി കിട്ടണമെങ്കിൽ ആ പ്രദേശങ്ങളിൽ കൃഷി നടന്നാൽ മാത്രമെ സാധിക്കുകയുള്ളൂ. മലേറിയയുടെ ഉപദ്രവം കൊണ്ട് അവിടെ കൃഷിചെയ്യാൻ പോകുന്നവർക്കു വളരെ വിഷമങ്ങൾ നേരിട്ടുകൊണ്ടിരിക്കുന്നു. മീനം, മേടം, ഇടവം ഈ മൂന്നു മാസക്കാലങ്ങളിലാണ് അവിടെ മലമ്പനി ബാധിക്കുന്നത്. ഈ കാലങ്ങളിൽ സ്ത്രീകൾ ഡ്യൂട്ടിയിൽ മലമ്പനി നിവാരണത്തിനായി ആളുകളെ നിയമിക്കണം. വനങ്ങൾക്കുള്ളിലുള്ള സപ്താമ്പിയേറിയകളിൽ പലതും കൃഷിക്കായി പതിച്ചുകൊടുത്തിട്ടുണ്ട്. അവിടങ്ങളിലുമെല്ലാം മലേറിയയെ തടയുന്നതിനായി ഗവണ്മെൻറു വേണ്ട ഏർപ്പാടുകൾ ചെയ്യേണ്ടതാണ്. ഈ സംഗതികൾ ഗവണ്മെൻറിന്റെ ശ്രദ്ധയിൽ കൊണ്ടുവന്നുകൊണ്ട് ഈ ഉപക്ഷേപത്തെ ഞാൻ പിൻതാങ്ങിക്കൊള്ളുന്നു.

SRM. T. NARAYANI AMMA (*Nominated*): Sir, in supporting this motion, I wish to point out that there is a great necessity for the appointment of more lady doctors, nurses and midwives to serve in the rural areas of the State. I need hardly point out that women patients would prefer to be treated by women doctors and midwives. Owing to the lack of trained midwives and lady doctors in the rural areas maternity mortality is greater there than in the towns. Then again for the treatment of special diseases like tuberculosis and leprosy, special institutions with all up-to-date arrangements should be brought into existence. With these few words, I support the motion.

MR. P. KUNJUKRISHNAN (*Quilon cum Kottarakara*): Sir, in support of this motion, I wish to make a few observations. The first thing I have to refer to is the inconvenience felt by the public of the Quilon town for want of a urinal or a latrine anywhere between the court and the railway station. I may say that Quilon is one of the busiest towns in the state and that because of the absence of a proper urinal in that place, I mean between the court and the railway station, we find that the roads are being vitiated every day. It is only just and proper that the Department looks to it and sees that some provision is made towards that.

Now, near the court at Quilon there is one public latrine and that is kept in a very deplorable condition—unclean and really harmful to the health of the public.

Sir, with regard to the general question of contagious diseases we find seasonal attack of contagious diseases in almost all parts of the State. There is a season when typhoid infects the areas. There is a season for the springing up of small-pox and there is a season for malaria and cholera. I am glad to note that the Public Health Department now and often issues pamphlets giving instructions to the public to avoid these diseases and to observe preventive measures. But I may submit that this is not quite enough. Other methods also which would reach the population in the country parts should be resorted to. The people there should be instructed on hygienic principles so that the rural population may be saved from the periodical attacks of these contagious diseases.

I may also refer to the difficulties felt by the rural population for want of duly qualified midwives. I had tabled a motion under the Medical Department for establishing Women and Children's Hospitals in important parts of the State. This is a real necessity felt by the people of the State. We know that, as a matter of fact, Women and Children's Hospital at Trivandrum and the one we have at Quilon are really doing service to the people and saving many a mother and many a child from early death. But, those beneficial results have to be extended throughout the State. In rural areas women are put to much difficulty for want of duly qualified midwives so that that question also may be taken up by the Department.

With regard to the problem of leprosy and the persons suffering from contagious diseases, roaming about the important towns my submission is that this problem also should engage the immediate attention of the Department.

I am aware that there is no legislation at present for segregating lepers. But, Sir, something has to be done; if necessary, legislation has to be introduced. I think the Legal Remembrancer spoke on this question while he was a non-official member of this House and made out a strong case about the leper problem at Ochira and the Government gave an assurance that the question would engage their serious attention. Still, nothing has been done so far. With these observations, I commend the motion for the acceptance of the House.

MR. KAVIYOOR K. K. KOCHUKUNJU (*Nominated*): : ഞാൻ ഈ ഉപക്ഷേപത്തെ എത്രക്കുന്നു. ഈ രാജ്യത്തെ പൊതുജനങ്ങളുടെ മറ്റൊരാൾ കാര്യങ്ങളിലും എന്നപോലെ ആരോഗ്യപരമായ കാര്യങ്ങളിലും ഗവണ്മെന്റ് സവിശേഷമായ ശ്രദ്ധ പതിപ്പിച്ചു വരുന്നു എന്ന് പ്രസ്താവിക്കുന്നതിൽ യാതൊരതിശയോക്തിയുമില്ല. മുൻകാലങ്ങളെ അപേക്ഷിച്ച് പകർച്ച വ്യാധികൾക്ക് അതിശയകരമായ മാറ്റം ഇപ്പോൾ വന്നിട്ടുണ്ട്. അത് പബ്ലിക് ഹെൽത്ത് ഡയറക്ടറുടെ അവസരോചിതമായ പ്രവർത്തികൾക്കൊക്കെ പഠയുന്നതിൽ യാതൊരബദ്ധവുമില്ല. ഈ സന്ദർഭത്തിൽ ഈ രംഗീനകത്ത് മേട്ടക്കട എന്ന സ്ഥലത്തുള്ള ചുട്ടുകാടിനെപ്പറ്റി രണ്ടു വാക്ക് പറഞ്ഞുകൊള്ളട്ടെ. ഈ ചുട്ടുകാടിന്റെ ചുറ്റുപാടും താമസിക്കുന്നവരിൽ ഭൂരിപക്ഷവും അധഃസ്ഥിതസമുദായങ്ങളിൽപ്പെട്ടവരാണ്. അവിടത്തെ നിലയെ കണ്ടറിയുന്നതിന് സമീപകാലത്ത് ഹെൽത്ത് ഡയറക്ടർ ആ സ്ഥലം ഒരു സന്ദർശിക്കണമെന്ന് അപേക്ഷിച്ചുകൊണ്ട് ഈ പ്രമേയത്തെ ഞാൻ എത്രക്കുന്നു.

MR. M. L. JANARDHANAN PILLAI (*Nominated*): Sir, I am sorry that, in spite of the working of the Public Health Department, things relating to public health at Alleppey, Vaikom and Shertalai and in other water logged areas have not considerably improved. Very recently I had occasion to go to Vaikom where a new factory has been opened. I found that, during the last monsoon, almost the whole town, particularly the lanes leading to the temple, was flooded for days together. I also heard complaints from the people that they could not get good drinking water. Vaikom is a place between Kottayam and Cochin, and Alleppey and Cochin, and as such very conveniently situated for the establishment of several industries. Vaikom is even more important as an important place of pilgrimage for the Hindus. I have heard several complaints about the insanitary condition of Vaikom in fact, several of my non-Travancorean friends have asked me why the Government of Travancore, which maintains a very well organised Devaswom Department, was not doing anything to improve the sanitation of such an important place of pilgrimage as Vaikom.

[Mr. M. L. Janardhanan Pillai]

Sir, in spite of the very good work done by the Public Health Department, cases of filariasis is still on the increase in Shertalai and Alleppey. I am not suggesting that the Department is not doing its best; but there are circumstances over which they have no control, for instance paucity of funds. Some how, things are not moving as fast as they ought to. We are now in the year 1939 when things are so far advanced all over the world, in matters of public health and sanitation. Still, in a place like Travancore which claims to be the foremost in India in point of education, things are far behind many other countries. As I have already hinted, the main reason is that the funds allotted by Government year after year, for this department, are insufficient. Sir, although Alleppey is an important port, with the recent development of Cochin, the supply of Alwaye river water for Cochin and the provision also of all other amenities there, it is not surprising that even people who claim to have business connections in Alleppey, prefer to locate their factories and dwelling houses not in Alleppey but in Cochin or Ernakulam. It may be interesting to you, Sir, to know, that sometime back, the late Mr. Davey and the late Mr. P. J. John who were pioneers in the field of commerce and industrial enterprises in Alleppey, made it a point never to stay within the Alleppey town but to come there every morning, attend office and go back in the evening, to Kottayam simply because the public health of Alleppey was very bad. Drinking water was not available there. Thanks to kindness of Government, we are assured of it very soon. To that extent I am sure there will be considerable improvement not only in the public health of the town but also in the general well-being and prosperity of the town. When Government are providing all the necessary facilities for the improvement of the trade of the Alleppey port, when Government are so solicitous about the welfare of the people of Alleppey, I fail to see why they do not allot adequate funds for the public health department in order that they may improve towns like Alleppey, Vaikom and Shertalai. I hope this aspect of the question will receive the kind consideration of Government.

MR. S. GOVINDA PILLAI (*Chirayinkil cum Nedumangad*): Sir, much has been said about the eradication of diseases like malaria, filariasis, etc., in places like Alleppey and Shertalai. Even in this town of Trivandrum, which is the capital of the State, there are hundreds of people walking about from house to house carrying dreadful diseases; I am referring, Sir, to the innumerable beggars. It may be argued that that is a matter for the Trivandrum Municipality. I submit that it is a matter also for the Public Health Department. Sir, these beggars who besiege us in our houses and infest us on the Public roads, are seen almost everywhere in the town; some of them actually sell food-stuffs in the markets. It is high time for Government and for the Public Health Department to direct their attention to prevent these people from wandering in the streets. With these words, I also support the motion.

MR. KOTTALIL P. ABRAHAM: Do not these beggars often congregate at bus stands?

MR. S. GOVINDA PILLAI: Yes.

MR. D. FRANCIS (*Kalkulam cum Vilavancode*): ஸார், இந்த மோஷனே நான் அனுசுலித்துக் கொண்டு, இந்த டிபார்ட்மெண்டைப் பற்றிச் சிலவார்த்தைகள் கூற விரும்புகிறேன். கிராமங்களுக்குத் தான் இந்த டிபார்ட்மெண்டின் உதவி மிக்க அவசியமானது. அதிலும் கல்குளம் விளவங்கோடு தாலுகாக்களிலுள்ள கிராமங்களில் சுகாதாரவேலை செய்யப்படுகிறதில்லை என்றே சொல்லலாம். அநேகம் பகுதிகளில் ஜனங்களுக்குக் குடி தண்ணீர் இல்லாமல் ஏழைகள் கஷ்டப்படுகிறார்கள். சில யிடங்களில் குடி தண்ணீருக்காக, ஒரு பகுதியிலுள்ள ஜனங்கள் வேறொரு பகுதிக்குச் சென்று தண்ணீர் கொண்டு வருகிறதமுண்டு. கன்னியாகுமாரியிலிருந்து திருவனந்தபுரம்வரை கடலோரத்துக் கிராமங்களைப் பார்த்தால் அக்கிராமங்களிலுள்ள தெருக்களில் நடக்கமுடியாது. இங்கே வசிக் கம் ஜனங்கள் அசுத்தங்களை எல்லாம் தூரத்தில் கொண்டு போய் போடுகிற வழக்கமில்லை. வீட்டு முற்றத்திலேயே எர்த்தாவடுகிறார்கள். இவைகளை மாற்றுவதற்கு ஆள் வைத்தால் அல்லாமல், ஜனங்கள் தொத்துக்காயாகியிருந்தும் கடுதலையாகாட்டார்கள், உள்நாடுகளில், பன்றி, ஆடு, கோழி முதலானவகளை வளர்த்து அசுத்தங்களை சுத்தம் பண்ணுமலும், குப்பை கூளங்களைபும், வீட்டைச் சுற்றிலும் சுத்தப்படுத்தாததினாலும், பலவிதமான வியாதிகளுக்கு உளட்கிறார்கள். இவைகளை சிவரத்திபண்ணுவதற்கு ஒவ்வொரு பகுதிக்கும் நாலு தோட்டிகளும், இரண்டு கண்ஸர்வன்ஸி ஓவர்சியர் அல்லது பியோன்மாரும் ஒரு ஸானிடரி இன்ஸ்பெக்டரும் இருந்தால் மாத்திரம் ஸானிடரி டிபார்ட்மெண்டு சரியானபடி வேலை செய்ய முடியும். ஏழை ஜனங்களுக்கு சுகாதாரத்தைப் பற்றித் தெரியாததினால், தெருக்களில் தங்கிக்கிடக்கும் தண்ணீரும், அதன் நாற்றமும், இவைகளினால் மனிதர்களுக்குத் தெருக்களில் நடக்கமுடியாது. இவைகளையெல்லாம் நிவர்த்தி செய்ய ஜனங்களுக்கு சுகாதாரத்தைச் சொல்லித் கொடுக்கவேண்டும். ஏழை ஜனங்களுக்குக் குடிக்கவும் தண்ணீரில்லை என்று இதற்கு வேண்டிய ஏற்பாடுகளை கவர்மெண்டார் செய்து வருகிறார்கள். அதுவும் சீக்கிரம் வந்து கமிமெண்டு நம்புகிறேன். இதற்காக கவர்மெண்டுக்கு நன்றிசொல்லிக்கொள்கிறேன். நேய்யாத்தனிகரை, கல்குளம், விளவங்கோடு, இந்த மூன்று தாலுகாக்களில் மலேரியா இன்னும் மாறவில்லை. அனாத சரியாசப் பார்த்து ஜனங்களுக்கு உதவிசெய்யவேண்டுமென்றால், அசற்குத் குந்த மருந்துகளும், வேலைக்காரர்களும்; இல்லாமல் போனால் பிரயோஜனமில்லை. இக்காடிய வியாதியினால் அநேகம் ஏழைகள் இறந்துபோனார்கள். இன்னும், ஏழை ஜனங்களின் பிரசவ வசதிக்கு ஒரு பகுதிக்கு ஒரு Mid-wife மருத்துவச்சியாவது வைக்கவேண்டும். முனிசிப்பாலிட்டி எல்லைக்குள் உள்ளவர்களுக்கு செம்மையாக இடமாதிரி வைத்திய உதவிக்கொடுக்கப்பட்டுவருகிறது. முனிசிபாலிட்டி அதிர்த்திக்கு வெளியிலிருந்து ஆள்களுக்கு தீனம் வந்தால் அவர்கள் என்ன செய்வார்கள்? முனிசிபல் எல்லைக்கு உள்ளிருப்பவர்களுக்கு முனிசிபல் ஆஸ்பத்திரிக்குப் போகலாம். இதற்கு வெளியிலிருப்பவர்களுக்கு யாதொரு சௌகரியமும் முனிசிபாலிட்டியிலுள்ளவர்கள் செய்யப்படாது என்று அவர்களு

டைய ஏற்பாடு உண்டு. ஸானிட்டரி டிபார்ட்மெண்டு சரியாக வேலை செய்தால் பரத்திரம் ஏழை ஜனங்களின் சுகாதாரத்தைக் காப்பாற்றமுடியும். இவைகளைச் கொல்லிக்கொண்டு இந்தப் பிரமேயத்தை அனுகூலிக் கிறேன்.

DR. M. K. GOPALA PILLAI (*Director of Public Health*): Sir, I am thankful to the honourable members for the kind sentiments expressed by them about the work done by my department.

Sir, the honourable member for Kalkulam said that there was very great scarcity of water in the beach villages and also in certain parts of the Kalkulam and Vilavancode taluks. The fault is neither that of the Government nor that of the people. The substratum in these places is rocky; in many cases, it is only after diggings 40, 50 or even 80 feet that we have been able to discover rock. That is the position in South Travancore. More than once we have had to abandon the sites chosen for wells, mainly on account of the rock beneath. I may assure the honourable member that there has been absolutely no unwillingness, on the part of Government, to supply drinking water to these parts.

MR. C. JEBAMONY NADAR: My only complaint was about the way the department was doing the work; I never said anything against Government.

DR. M. K. GOPALA PILLAI: Sir, this is a work in which the diagnosis can be had only after having gone down fifty, sixty or seventy feet. Then only you come across the rocky substratum. This Department is very anxious and solicitous to supply drinking water as early as possible. The Government recently have been graciously pleased to sanction about Rs. 25,000 for South Travancore and Rs. 30,000 for Muttam Village for the supply of good drinking water. With this amount and also with the amount that this Department hopes to realise by propaganda and persuasion, from the local inhabitants, we hope to dig as many wells as possible. In this connection I appeal to the honourable member for Kalkulam and enlist his sympathy also in helping us in our propaganda and in going from village to village and to secure the interest of the people in connection with this important work of water supply. If the Department is able to spend Rs. 50 on a particular well the people of the locality should also be able to put an equal amount so that a well costing Rs. 100 may be dug on a co-operative basis. Wells entirely dug out of Government funds and handed over to the villages are not cared for. So we want to rouse the interest of the inhabitants also in this matter. Unless you pay, you do not respect what you get.

PRESIDENT: Or unless they contribute labour.

DR. M. K. GOPALA PILLAI: Yes, Sir. There is great scarcity of water in Midalam, Killiyoor, Karungal and other villages. I know every inch of those places and it is true that the people there are out to very great difficulties. But the honourable Member will be glad to know that in spite of this scarcity of water, there was no cholera there

as he apprehended. For the last 3 or 4 years many taluks in South Travancore were free from the invasion of cholera. For the investigation of a scheme of water supply in South Travancore, there is an idea of appointing a special officer to go from village to village and I am sure that within a very short time water scarcity in South Travancore will be solved.

It is true that there is malaria in Travancore. An honourable member said that the authorities of the Public Health Department go to a place only after the reports are received. Malaria has not been made a notifiable disease now. There is no reporting agency. As soon as the Department gets the information, it deputes its men to the affected areas and undertakes all necessary preventive measures.

MR. C. JEBAMONY NADAR: Are there not men working in every locality?

DR. M. K. GOPALA PILLAI: In such localities where our men are working, they will attend to the preventive measures.

With regard to the brackish condition of water in Eraniel Mr. Truscott and myself visited the place sometime ago. The tank there was considerably improved at a cost of Rs. 1,000. It is true that there is no protected water supply there. But there are 3 or 4 wells in the locality and a tank which meets the requirements of the people of the locality.

The honourable member for Shertalai said that it was an unfortunate tract of sand. Other people think that the people of Shertalai are more fortunate in that they are very rich.

MR. E. P. VARGHESE: I did not hear the member.

PRESIDENT: The suggestion is that you are very rich.

DR. M. K. GOPALA PILLAI: It is true that there is this trouble of mosquito in Shertalai and Government have been conducting for the past six years mosquito control work at Shertalai and there has been considerable improvement since then. The honourable member will be glad to note that there is a provision of Rs. 10,000 for the investigation of supply of good water for Shertalai, Ambalapuzha and some other areas. Lately considerable propaganda has been carried on in Shertalai. Every year we make it a point to visit Shertalai with our propaganda van and in as many places as could be approached with our motor car such propaganda was carried out. In other places magic lantern lectures were conducted. It is true that all the people at Shertalai did not have the benefit of seeing our radio and our health car.

Honourable member Mr. K. Kunju Panickar also made the same complaint with regard to Shertalai, Mavelikara and Kunnathur. He said that sufficient propaganda was not carried on in those taluks. Those were the places where there was frequent visitation of small-pox. The honourable member will appreciate when I say that there was no small-pox in those areas within the last two years.

[Dr. M. K. Gopala Pillai]

With regard to the posting of mid-wives in rural areas, Government have already anticipated the desire of some of the honourable members and ten midwives have been posted in ten different parts of the country. At Kuthiatodu there is a mid-wife who attends to rural needs. At Purakad there is another. So within a distance of 30 miles there are two rural midwives in addition to the midwives that can be had from the nearest hospitals.

MR. P. KUNJUKRISHNAN: Has any mid-wife been posted to Kottarakara by the Public Health Department?

DR. M. K. GOPALA PILLAI: There is the Kottarakara Hospital and at Chadayamangalam a mid-wife has been posted. In every area which is beyond 3 miles from the nearest hospital a mid-wife was provided. In Travancore it is difficult to find such places and it was after full investigation that we were able to select places for these midwives.

The Honourable Member for Chirayinkil said that he is in the same unfortunate position as that of Shertalai. Sir, the reverse is the case. The people of Chirayinkil are in the same fortunate position as those of Shertalai, and even more fortunate because the people of Chirayinkil do not suffer from elephantiasis. There is this mosquito trouble no doubt but the people of Kadakkavur are considered to be as rich as the people of Shertalai with this differentiation that they have no elephantiasis.

In regard to the segregation of lepers, I am afraid that it is not possible to isolate them as there is no compulsory legislation. But there is the leper colony at Noornad where such people as are willing to come will be admitted.

MR. K. NARAYANAPERUMAL NADAR: May I know the number of lepers in the Noornad Leper Colony? With regard to the discrepancy in the birthrate—

DR. M. K. GOPALA PILLAI: About 500. The number of lepers for the whole State comes to between 35,000 and 40,000.

With regard to the discrepancy in the birthrate I shall inform the honourable member that in conservancy towns and municipal areas the registration is more accurate.

MR. S. CHATTANATHA KARAYALAR: That is exactly what I wanted to point out.

DR. M. K. GOPALA PILLAI: So, I hope there is no difference of opinion about that.

With regard to the improvement of tanks near the temples, they are Devaswom properties; but the Department is giving advice to the Devaswom authorities to repair such tanks and at times to supply them with good water. Also this department is carrying on special sanitary arrangements in connection with festivals in temples.

There is water scarcity in Vadakkekara of Parur Taluk. Two or three wells have been dug, but unfortunately the water in those wells

is brackish. The honourable member said that it is easy to have good drinking water there. I very much doubt wheather it is possible. Our attempts have failed.

With regard to the insanitary condition of hotels and tea shops, I may inform the honourable members that a législation is under consideration by Government.

The honourable member for Muvattupuzha said that there is no urinal or any public convenience in Towns. Most of the Towns are under municipal administration. But in Trivandrum special arrangements have been made.

The Municipality of Trivandrum is taking steps for providing flush-out latrines and urinals and public bath in important centers of the town for the use of the public at large. There is a public comfort station built near the Central Railway Station wherein you find conveniences for public bath, latrine and urinals.

MR. K. KUNJUKRISHNAN : May I know if the Member would please consider about providing a public urinal at Quilon ?

DR. M. K. GOPALA PILLAI : Though that matter comes within the jurisdiction of the Quilon Municipality, I shall correspond with the Municipal President there to do the needful. I shall see that one such urinal is put up there.

MR. KOTTALIL P. ABRAHAM : May I know from the Member whether any steps have been taken to combat an attack of malaria at Kothamangalam ?

DR. M. K. GOPALA PILLAI : കോതമംഗലത്ത് മലേറിയ ബാധിച്ചിരുന്ന സന്ദർഭത്തിൽ ഡിപ്പാർട്ടുമെന്റിൽനിന്നും യാതൊന്നും പ്രവർത്തിച്ചില്ലെന്നു മി. കുഞ്ഞിത്തൊമ്മൻ പറയുകയുണ്ടായി. കോതമംഗലത്ത് ഇതിനു മുൻപ് മലേറിയ ഉണ്ടായിരുന്ന കാലത്ത് 'പലപ്രാവശ്യം' ഞാൻ പോയി അന്വേഷണങ്ങൾ നടത്തിയിട്ടുണ്ട്. കൈവന്ന വിവരണവും ധാരാളമായി നടത്തിയിട്ടുണ്ട്. അത് അദ്ദേഹം മറന്നിരിക്കുകയല്ലെന്നു ഞാൻ വിശ്വസിക്കുന്നു.

Sir, with regard to the provision of a Sanitary Inspector at Man-namkandom, I shall address Government when the need for the same arises.

Mr. Janardhana Pillai, the member representing the Commerce constituency said that the public health at Alleppey is not very satisfactory. It is true that there is mosquito nuisance even now at Alleppey. The condition there will get worse if the mosquito control that is taking place there is discontinued just now. That will lead to the occurrence of yellow fever which will become a very great problem. Therefore, the mosquito control should not be discontinued at all. In Shertallai also, it should not be discontinued. The Cochin Government have already drawn up a scheme for the control of mosquitoes both in

Ernaculam and Cochin. Alleppey should not therefore stop mosquito control measures. I do not know what will be the condition of Alleppey after three or four years if mosquito control measure are stopped now.

DR. M. K. GOPALA PILLAI : ഇവിടെയുണ്ടായ ചില പ്രസംഗങ്ങളിൽനിന്നും മനസ്സിലാക്കി.

MR. PADIYARA JOSEPH KUNJU : കൂട്ടനാട്ടിലുള്ള വല്ല മെമ്പറന്മാരും ഇവിടെയുണ്ടോ ?

That portion of the district called Kuttanad has got two or three taluks. It is just like Venad, a part of Travancore. That area is not at all neglected and the Public Health Department is not at all unkind towards Kuttanad. No co-operation is received from the people of the locality. As regards the provision of public convenience and making an outlet into the rivers, every effort will be made soon. A legislation is under the consideration of Government. If the people of the locality co-operate with the Department, it is very easy to put a stop to such nuisance. It is really a matter for consideration how we were able to live so long tolerating all such insanitary conditions.

The motion was put to vote and lost.

The following motion was not moved.

"To reduce the allotment of Rs. 4,800 for Director of Public Health by rupee 1."

MR. K. R. NARAYANAN (Vaikom cum Kottayam) : സർ, നന്താനനിയ
 ന്നാണിനു അത്യാവശ്യമായ ശാസ്ത്രീയോപദേശം, ആവശ്യമുള്ളവർക്കു
 ചെയ്തു കൊടുക്കേണ്ട കാര്യം പ്രതിപാദിക്കുവാനാണ് ഞാൻ ഈ ഉപ
 ക്ഷേപം അവ ിപ്പിക്കുന്നത്. എ. വ. എ. - എ. വ. എ. വ. വരെയുള്ള കാല
 ഘട്ടത്തിൽ ചതുരശ്രമൈലിനു ഇവിടെ ൧൨ ആളുകളാണുണ്ടായിരുന്നത്.
 എ. വ. എ. - എ. വ. എ. വ. വരെയുള്ള കാലയളവിനുള്ളിൽ, അത്, ൨൦ ആ
 യി വർദ്ധിച്ചു. എ. വ. എ. - എ. വ. എ. വ. വരെയുള്ള കാലത്തിനുള്ളിൽ അ

സാമ്പത്തികപരമായി നോക്കുമ്പോഴും സന്താനനിയന്ത്രണം ആവശ്യമാണ്. നമ്മുടെ സാമ്പത്തികനില ദിവസംപ്രതി ക്ഷയിച്ചുവരുന്നു. അതു മാറ്റുന്നതിന് സന്താനനിയന്ത്രണം അവശ്യം കൂടിയേ കഴിയൂ. ഇതിന്റെ വിശദമായ കാതുപരിപാടികളിലേക്ക് ഞാൻ പോകുന്നില്ല. സന്താനനിയന്ത്രണ കാതുപരിപാടി ഈ നിയമസഭയുടെ ശ്രദ്ധക്ക് വിഷയീഭവിപ്പിച്ചെടുത്തീട്ടു എന്നു മില്ല. എന്നിരുന്നാലും കൂടെക്കൂടെ കേരളക്കാരുള്ള ചില ആക്ഷേപങ്ങൾക്കു ഈ പരിമിതമായ സമയത്തിനുള്ളിൽ സമാധാനം പറയേണ്ടത് ആവശ്യമാണെന്നും വിചാരിക്കുന്നു.

[Mr. K. R. Narayanan.]

സന്താനനിയന്ത്രണത്തിനുവേണ്ടി ഉപദേശിക്കണമെന്നു പറയുമ്പോൾ അത് സന്താനനിയന്ത്രണം ആവശ്യമില്ലാത്തവർക്കു കൂടി നൽകണമെന്ന ആശം പറയുന്നില്ല. എന്നിങ്ങനെ പരമായി നോക്കുമ്പോൾ കൂടുതൽ സന്താനങ്ങളുണ്ടായാൽ അവരെ രക്ഷിക്കാൻ നിവർത്തിയില്ല എന്നു ബോധ്യമുള്ളവർക്കു അതിലേക്കു ഒരു മാർഗ്ഗം നിർദ്ദേശിക്കുവാൻ ഞാൻ അധികാരികളോടല്ലാതെ ആരോടാണ് ചോദിക്കേണ്ടത്. ഉള്ള സ്വത്തുകൊണ്ടു് ഒരുവിധം കാലക്ഷേപം ചെയ്യുവാൻ കഴിവുള്ളതു സന്താനങ്ങളാലു് എന്നിരിക്കുകയാലു് എന്നു ഏവനും ആഗ്രഹിക്കുക സ്വാഭാവികമാണ്. അതിൽനിന്നും നിവർത്തിമാർഗ്ഗം അയാൾ ആരായുമ്പോൾ അതു കാണിച്ചുകൊടുക്കേണ്ട ചുമതല ഗവണ്മെന്റിനുണ്ടെന്നാണ് എന്റെ വിശ്വാസം. ഈ കാര്യങ്ങൾ പറയുമ്പോൾ സന്താനനിയന്ത്രണത്തെപ്പറ്റി ഇന്നത്തെ ലോകത്തിന്റെ അഭിപ്രായംകൂടി തരംതിരിക്കേണ്ടതാകുന്നു. സന്താനനിയന്ത്രണത്തെ ഒരു വശംകൊണ്ടു് എത്രക്കുന്ന മഹാത്മാഗാന്ധിതന്നെ അതിലെ തത്വം സമ്മതിക്കുന്നു. എന്നാൽ സന്താനനിയന്ത്രണം ആത്മനിയന്ത്രണംകൊണ്ടുവേണം സാധിക്കുവാൻ എന്ന് അദ്ദേഹം പറയുന്നു. അദ്ദേഹത്തെപ്പോലെയുള്ള മഹാത്മാക്കൾ ചോകത്തു് വളരെ അപൂർവമായിട്ടു കാണുന്നുള്ളു. അത്തരം മഹാത്മാക്കൾക്കു ആ വഴികൊണ്ടു് സന്താനനിയന്ത്രണം സാധിക്കാമെന്നല്ലാതെ എന്നെപ്പോലെയുള്ളവർക്കു് ആ വഴികൊണ്ടുതന്നെ സന്താനനിയന്ത്രണം സാധിക്കുവാൻ കഴിയുമെന്നു ഞാൻ വിചാരിക്കുന്നില്ല. സാമാന്യജനങ്ങൾ ആത്മനിയന്ത്രണംകൊണ്ടു് സന്താനനിയന്ത്രണം സാധിക്കാമെന്നു പറയുന്നത് ഗംഗാനദിയുടെ പോഷകനദികൊണ്ടു് ഹിമാലയാ പർവതത്തെ മുക്കിക്കളയണമെന്നു പറയുന്നതിനു തുല്യമാണ്. മഹാത്മാഗാന്ധിതന്നെ, അദ്ദേഹത്തിന്റെ വന്ദ്യനായ പിതാവു് രോഗത്തിൽ കിടന്ന അവസരത്തിൽ എട്ടുചെയ്യൂ എന്നു പറഞ്ഞു് ഞാൻ ഈ സഭയുടെ സമയം കളയുന്നില്ല. അതു് അദ്ദേഹത്തിന്റെ ജീവചരിത്രം വായിച്ചുനോക്കിയാൽ അറിയാം.

മഹാത്മാ കാരണം പറയുന്നതു് സന്താനനിയന്ത്രണം നടപ്പിലാക്കുന്നതു് സാമാന്ത്രികവിരുദ്ധമായിട്ടുള്ളതാണെന്നാണ്. യഥാർത്ഥത്തിൽ അതുശരിയല്ല. സാമാന്ത്രികവുമായി യാതൊരുധർമ്മതയും സന്താനനിയന്ത്രണംകൊണ്ടു ഉണ്ടാകുന്നില്ല. സന്താനനിയന്ത്രണം വളരെ ഉൽകർഷണപ്രചാരത്തിലും ബാധിച്ചിരിക്കുന്ന ഹാജൻഡ് ഡെൻമർക്കു മുതൽ

ലായ സ്ഥലങ്ങളിൽ ഇതു നടപ്പായതിനു സാമാന്ത്രികമായി അവിടത്തെ ജനങ്ങൾ വളരെ ഉയർന്നുവന്നിട്ടുണ്ടെന്നു കാണുവാൻ കഴിയും. സാമാന്ത്രികമായ അധഃപതനം ശാരീരികമായ ഒരു ദോഷമല്ല. അതു മാനസികമായ ഒരു ദോഷമാണ്. സന്താനനിയന്ത്രണം മനസിനെ യാതൊരുതരത്തിലും അധഃപതിപ്പിക്കുമെന്നു തോന്നുന്നില്ല. അതുകൊണ്ട് സമാന്ത്രികത്തിന്റെ പേരിൽ സന്താനനിയന്ത്രണത്തെ എത്രക്കുന്നതു ശരിയല്ല.

ചിലർ ഹിസെയുടെ പേരിലും ഇതിനെ എത്രക്കുന്നുണ്ട്. പൊതു ജനതാല്പര്യങ്ങൾക്കുവേണ്ടിയും രാജ്യതാല്പര്യങ്ങൾക്കു വേണ്ടിയും നാം എത്രയോ മൃഗങ്ങളേയും മനുഷ്യരെത്തന്നെയും കൊല്ലുന്നുണ്ട്. സന്താനനിയന്ത്രണം മാത്രം വരുമ്പോൾ ഹിസെയുടെ പേരിൽ ഇത്ര അങ്കലാപ്പി എന്തിനാണെന്നു മനസ്സിലാക്കുന്നില്ല. രൊജിനു ഒരു ദിവസം 6 ചക്രം വാവുണ്ടെന്നു വിചാരിക്കുക. ഈ ചക്രംകൊണ്ട് അവൻ അരി വാങ്ങിക്കണം, എണ്ണ, സോപ്പ് മുതലായതു വാങ്ങിക്കണം, അവനും അവന്റെ ഭാര്യക്കും കുട്ടികൾക്കും ഭക്ഷണത്തിനും വസ്ത്രധാരണത്തിനും മറ്റൊരു ശൃംഖലയ്ക്കും വേണ്ടതെല്ലാം ചെലവാക്കണം; വിദ്യാഭ്യാസം, ദീനചികിത്സ, മുതലായവ നടത്തണം. ഇതിനൊക്കെയും ഒരു രശമില്ലാതെ അവൻ വിഷമിക്കുന്നതു കാണുമ്പോൾ ഈ കാര്യത്തെപ്പറ്റി എന്തെങ്കിലും ഒരു പ്രവർത്തി കണ്ടുപിടിക്കാതെ നാം എങ്ങിനെ അടങ്ങിയിരിക്കുമെന്നു ഞാൻ ചോദിക്കുന്നു. കുട്ടികളെ ധാരാളമായി ജനിപ്പിച്ച് അധഃപതിപ്പിക്കുന്നതിലും ഭേദം വേണ്ട ആചാരവും വസ്ത്രവും മറ്റൊന്നൊട്ടു പരിഷ്കരിക്കുവാൻ പ്രാപ്തിയുള്ളതു കുട്ടികളുമായി മാതാപിതാക്കളുടെ മുൻപോട്ടു പോകുവാൻ അനുവദിക്കയല്ലെ വേണ്ടത്.

ചിലർ മതത്തിന്റെ പേരിലും ഇതിനെ എത്രക്കുന്നുണ്ട്. അതും ശരിയല്ല. മതം മനുഷ്യന്റെ അഭിപ്രായങ്ങൾ ഉപകരിക്കുന്നില്ലെങ്കിൽ അങ്ങിനെ ഉപകരിക്കത്തക്കവിധം മതത്തെ പിടിച്ചുകൊണ്ടുപോകേണ്ടതാണ് ആവശ്യം. അല്ലാതെ മതത്തിന്റെ പേരിൽ നമ്മുടെ ആയുസ്സിനെ പാഴാക്കിക്കളയുന്നതു ദോഷമെന്നാണ്. മറ്റൊന്ന് ഓർമാർഗ്ഗം അതായത് വൃദിചര പരക്കുമെന്നാണ്. ഇതു കേട്ടാൽ, ഓർമാർഗ്ഗം യാതൊന്നുമില്ലാതെ തേനും പാലും ഒഴുകുന്ന ഒരു രാജ്യമുണ്ട് ഇതെന്നു തോന്നിപ്പോകാം. എന്നാൽ സത്യമതല്ല. ഇവിടെ ഓർമാർഗ്ഗം വേണ്ടുവോളം ഉണ്ട്. ആവശ്യമുള്ള എല്ലാകാര്യങ്ങളും നടക്കുന്നുമുണ്ട്. അതുകൊണ്ട് ആ കാര്യത്തെപ്പറ്റി ഭയന്ന് ജനസമുദായത്തിനു ഏറെയും ഉപ

[Mr. K. R. Narayanan]

കാരപ്രദമായ ഒരു പ്രസ്ഥാനത്തെ നടപ്പിൽ വരുത്തുവാൻ മടിക്കേണ്ടതുണ്ടെന്നു എനിക്കു തോന്നിയില്ല.

ഒരു മഹാൻ ഫാളൻഡിലെ കണക്കെടുത്തുദ്ധരിച്ചുകൊണ്ട് പറയുന്നത് അവിടെ സന്താനനിയന്ത്രണം നിയമമൂലം നടപ്പാക്കിയശേഷം ജാരമക്കളുടെ സംഖ്യ വളരെ കായുകയാണ് ചെയ്തിരിക്കുന്നതു എന്നാകുന്നു. അതുകൊണ്ട് തിരുവിതാംകൂറിലും സന്താനനിയന്ത്രണമൂലം വ്യഭിചാരം കുറയുമെന്നു കാണിക്കാവുന്നതാണ്. അഥവാ ജാരമക്കളുടെ സംഖ്യ വർദ്ധിച്ചാൽ തന്നെയും നമ്മളുടെ ആരോഗ്യത്തിനുവേണ്ടി രാജ്യനന്മയ്ക്കുവേണ്ടി ഉൽകൃഷ്ടമായ ഒരു ജീവിതഗതിയേയും ഉദ്കർഷമായ ചിന്താപദ്ധതിയോടു ചൂടിയ ഒരു ജനസമുദായത്തേയും സൃഷ്ടിക്കുന്നതിനുവേണ്ടി ഇതിനെ അംഗീകരിക്കുന്നതിൽ ഏന്താണു വിശേഷമുള്ളത്? എല്ലാവർക്കും ഇതിനു സമ്മതമില്ലെങ്കിൽവേണ്ട. ആവശ്യമുള്ളവർക്കും ഇതിനുവേണ്ട ഉപദേശം കൊടുത്താൽ മതിയാകും. ഇതു പറയുമ്പോൾ ചിലർ സ്ത്രീകളുടെ വക്കും ഇതും പിടിച്ചുകൊണ്ടു ചിലപ്പോൾ വരാറുണ്ട്. എന്നാൽ അമേരിക്കയിലും മറ്റും സംസ്കൃതമാനസരായ സ്ത്രീകൾ പണ്ഡിതയായി ഇതിനുവേണ്ടി വാദിക്കുന്നു. ഇവടെത്തന്നെ, അഖിലേൻഡ്യാ സ്ത്രീസമമൂലനത്തിൽ ഏറ്റവും ധീരമായ വമ്പിച്ച ഒരു സ്ത്രീജനസമൂഹം സമ്മതിച്ചിട്ടു ന ഒരു സദാഭ്യർത്ഥന, ഏതാനും ചോദ്യങ്ങൾക്കുമുമ്പ് സന്താനനിയന്ത്രണം ഉടനെ നടപ്പിലാക്കണമെന്ന് ഒരു പ്രമേയം സർവസമ്മതമായി പാസാക്കുകയുണ്ടായി. അതുകൊണ്ടു ആ വാദത്തിനു അർത്ഥമില്ല. സന്താനനിയന്ത്രണത്തെപ്പറ്റിയുള്ള നാനാവശങ്ങളേയും നല്ലതുപോലെ ആലോചിച്ചു ഈ പ്രസ്ഥാനത്തെ അഭിമുഖീകരിക്കണമെന്നാണ് എനിക്കു ഗവണ്മെന്റിനെ ഉൽബോധിപ്പിക്കാനുള്ളത്. തൽക്കാലം ഇതിനുവേണ്ട ഉപദേശം ആവശ്യമുള്ളവർക്കു അതു നൽകുവാനുള്ള ഏല്പാടുമാത്രമെങ്കിലും നടപ്പിൽ വരുത്തുന്നതു നന്നായിരിക്കും.

MR. M. G. KESAVA PILLAI: ഏതു സമുദായത്തിലാണ് ആദ്യമായി സന്താനനിയന്ത്രണം നടപ്പിലാക്കേണ്ടത്?

MR. K. R. NARAYANAN: ഏതെല്ലാം സമുദായങ്ങളിലാണോ ജനസംഗ്രവർദ്ധിച്ചിരിക്കുന്നത് ആ സമുദായങ്ങളിലെല്ലാം സന്താനനിയന്ത്രണം നടപ്പിൽ വരുത്തുവാൻ ശ്രമിക്കേണ്ടതാണ്.

MR. P. KUNJUKRISHNAN (*Quilon cum Kottarakara*): A similar motion stands in my name also. It seems that the subject has evinced some interest in the House. On a former occasion also the matter was discussed in this House but no decision was arrived at that day.

Before dealing with the subject, in addition to the facts and figures referred to by Mr. K. R. Narayanan, I may refer the members of this House to the statement of the Dewan President at the joint sitting of the Legislature on the 21st July 1939

The statement reads:

"This country possesses a total area of just under 8,000 sq. miles of which, between a fourth and a third are occupied by backwaters and hills. What does that mean? It means that in an area of about 6,000 sq. miles—perhaps a little less—there is a population of 5½ millions according to the last census and it is now anticipated to be about 6 millions in the forthcoming census. 6 million people are thus existing, working and trying to make a livelihood in an area of 6,000 sq. miles. That is a population the density of which is perhaps the highest in Asia excepting Java. It is this predominating factor which has to be borne in mind by everyone who is concerned with the political or the financial administration of the State."

I may lay emphasis on the latter portion; *ie.*, "It is this predominating factor which has to be borne by everyone who is concerned with the political or the financial administration of the State". So in my humble opinion, the subject does not seem to be so light as it appears on the face of it. In dealing with this question, we have to deal with the question of poverty, disease, illhealth of mothers and infantile mortality. The average income of a Travancorean is far less than that of a British Indian, and India is considered to be the poorest country in the world. We know that large families are unable to maintain themselves. As a consequence they suffer from mal-nutrition and all sorts of diseases. They are helpless in the matter of education and the ordinary comforts of life. This is the case with almost the vast majority of the families in this State except perhaps 5 per cent. of the population who are rich and who live in affluent circumstances. But the vast majority of the population; the middle class as well as the lower classes, are finding themselves difficult to make both ends meet. Birth is the most important factor in one's life and the most important event in this world, and my submission is that it should not be made an accident but it should be made an incident. The problem of poverty, disease and ignorance are inseparably connected with this question so far as our country is concerned. Hence, unless the alarming growth of population we have at present in our State is checked through proper channels:—

PRESIDENT: The honourable member will bring his remarks to a close as soon as possible.

MR. P. KUNJUKRISHNAN: Similarly there are people suffering from incurable diseases and by instinct they do not want to reproduce. But where is the proper instruction for them? There is absolutely complete dearth of knowledge in this direction. My proposition is that those who want to check birth must be provided with facilities for informing

[Mr. P. Kunjukrishnan.]

themselves of it. That is all. There must not be any compulsion on any man on this account. The only thing is that those who want to be informed must be given the facilities for that. There are many methods for birth control. As soon as the question of birth control arises people think of contraceptives alone. There are other methods. There is the mental question also.

PRESIDENT : I do not think the honourable member need discuss it. He may confine himself to the general principles.

MR. P. KUNJUKRISHNAN : I may submit that the Census Report of the State also recommends this proposition. For want of time I shall deal only with the salient features that come uppermost in my mind. Apart from the authorities from Europe and other western countries we have the authority of so eminent personages as Mahatma Gandhi, Swami Sivananda Saraswathi of Rishikesh and Justice Ramesam of Madras. Swamiji says "do not produce too many children". The All India Womens' Conference which held its sessions in Trivandrum a few years ago also passed a resolution unanimously in support of this motion. That shows the trend of public opinion on this question. So, in view of the sufferings of the innocent women of this land among whom death levies such a heavy toll, and in the name of the innocent children of the land, I submit that the best facilities available in western countries so far as the intelligence of man has been able to find out may be provided in this country also so that people who really require it may be in a position to inform themselves of it and avail themselves of the advantages deriving therefrom. With these words I commend the motion for the acceptance of the House.

MR. E. P. VARGHESE (*Ambalapuzha cum Shertalla*) : I oppose the motion. It has been said that birth control is necessary in this country because of the appalling increase of population. The latest statistics available for our State shows that excess of birth over death per thousand of population is only 4:12. I do not think that it is an appalling increase of population. One honourable member pertinently puts the question to the mover of the resolution whether death rate also is not comparatively high as the birth rate. So the plea of appalling increase of population does not stand the test of statistics. On that ground birth control is not necessary.

There is no dispute or I do not join issue on the general question of birth control. It is on the methods that are sought to be propagated that there is difference of opinion. It has been said that a great person like Mahatma Gandhi has advocated birth control. Sir, I admit that Mahatma Gandhi is an advocate of birth control. But by what method? He advocates birth control by self-control. I must say that I have no difference of opinion on that point. The most healthy, the most economic and the most effective method is that. To quote Mahatma Gandhi, as was done by the honourable member who moved the resolution, as one supporting the idea of introducing scientific or contraceptive methods was misquoting a great man. It is a question of morality.

It has been said that it depends on the conception of the standard of morality. To me it is definitely immoral to adopt such methods of birth control as is ordinarily advocated. It is unnatural. I am sorry I have only 3 minutes. So I cannot but leave the subject by merely mentioning the points. They may pooh pooh those who believe in religion. Some of my honourable friends may not have any respect for religion. But as one who believes in religion I cannot but object to this motion strongly. On such a controversial matter which affects the religious teachings of more than 11 lakhs of the population of the State. It is not proper to spend public money, even according to the conception of morality and religious teachings of a large section of the population of the world it is definitely immoral. So I strongly object to the establishment of clinics at public cost. If any honourable member wants information on this subject let him get it at his own cost. There is enough literature on the subject, and they can resort to it if necessary. But let not public money be utilised for this purpose.

The motion was put and declared lost.

The following motions were not moved as the time allotted for the Demand had expired.

Motions Nos. 372 to 393.

MR. K. R. NARAYANAN :

372. To reduce the allotment Rs. 2,200 for travelling allowances by Re. 1.

MR. VARKALA K. MADHAVAN :

373. To reduce the allotment of Rs. 2,200 for travelling allowances by Re. 1.

MR. P. KUNJUKRISHNAN :

374. To reduce the allotment of Rs. 2,200 for travelling allowances by Re. 1.

MR. P. KUNJUKRISHNAN :

375. To reduce the allotment of Rs. 2,200 for travelling allowances by Re. 1.

MR. P. V. MATHAI CHEMPARATHY :

376. To reduce the allotment of Rs. 2,200 for travelling allowances by Re. 1.

MR. K. P. KOCHUKORATHARAKAN :

377. To reduce the allotment of Rs. 2,200 for travelling allowances by Re. 1.

I. PUBLIC HEALTH (a) OFFICE Contingencies.

MR. C. JEBAMONY NADAR :

378. To reduce the allotment of Rs. 500 for water supply charges by Re. 1.

I. PUBLIC HEALTH (c) HEALTH UNIT ASSISTANT SURGEON—Salaries.

MR. C. JEBAMONY NADAR :

379. To omit the allotment of Rs. 960 for Public Health Nurses Temporary by Re. 1.

PUBLIC HEALTH (f) MEDICAL ENTOMOLOGY— Establishment.

MR. C. JEBAMONY NADAR :

380. To omit the allotment of Rs. 3,540 for Establishment.

I. PUBLIC HEALTH (h) OTHER CHARGES. GRANTS TO
MUNICIPALITIES FOR MOSQUITO CONTROL.

Contingencies:

MR. C. JEBAMONY NADAR :

381. To reduce the allotment of Rs. 9,390 for control of filariasis in Shertalla taluk by Re. 1.

Motions for reduction of total grant.

MR. K. R. NARAYANAN :

382. To reduce the allotment of Rs. 22,438 for Public Health Office by Re. 1.

MR. K. R. NARAYANAN :

383. To reduce the allotment of Rs. 22,438 for Public Health Office by Re. 1.

MR. K. R. NARAYANAN :

384. To reduce the allotment of Rs. 22,438 for Public Health Office by Re. 1.

MR. K. R. NARAYANAN :

385. To reduce the total allotment of Rs. 22,438 for Public Health Office by Re. 1.

25 F—MEDICAL, PUBLIC HEALTH AND
SANITATION—PUBLIC HEALTH AND
SANITATION—SANITATION—RURAL
SANITATION—*Establishment.*

MR. P. S. MUHAMED :

386. To reduce the allotment of Rs. 43,522 for Establishment by Re. 1.

MR. P. S. MUHAMED :

387. To reduce the allotment of Rs. 4,584 for travelling allowances by Re. 1.

PUBLIC HEALTH AND SANITATION—*Total
allotment.*

MR. M. L. JANARDANA PILLAI :

388. To reduce the allotment of Rs. 2,10,416 for Public Health and Sanitation by Re. 1.

MR. N. NARAYANA KURUP :

389. To reduce the allotment of Rs. 2,10,416 for Public Health and Sanitation by Rs. 10.

MR. K. KUNJU PANICKAR :

390. To reduce the allotment of Rs. 2,10,416 for Public Health and Sanitation by Re. 1.

MR. M. KESAVA PANICKAR :

391. To reduce the allotment of Rs. 2,10,416 for Public Health and Sanitation by Re. 1.

MR. N. NARAYANA KURUP :

392. To reduce the allotment of Rs. 2,10,416 for Public Health and Sanitation by Rs. 10.

25 G—MEDICAL, PUBLIC HEALTH AND
SANITATION—PREVENTION OF
EPIDEMICS.

Motions for reduction of total grant.

MR. N. NARAYANA KURUP :

393. To reduce the allotment of Rs. 46,000 for Prevention of Epidemics by Rs. 10.

The question that Government be granted a sum of Rs. 2,56,416 under Demand X—Public Health and Sanitation was put and carried.

The Demand was passed and the grant was made.

DEMAND XI—PUBLIC WORKS DEPARTMENT INCLUDING WATER WORKS
AND DRAINAGE

MR. S SESA AIYAR (*Deputy Chief Engineer*): Sir, I rise to move for a grant of Rs. 58,88,962 under Demand XI—Public Works Department including Waterworks and Drainage.

Motion No. 394.

The following motion was not moved :

MR. P. S. MUHAMED :

"To reduce the allotment of 4,800 for salaries by Re. 1."

Motion No. 395.

MR. K. NARAYANAPERUMAL NADAR (*Ihova'la cum Agastiswaram*): Sir, I beg to reduce the allotment of Rs. 36,147 for establishment by Re. 1 to discuss the vagaries committed by the head of the department in giving effect to confirmation and promotions of members of the Ministerial Establishment of the P. W. D. In the Chief Engineer's Office, the ratio of 3:1 of graduates and undergraduates is not maintained. This ratio was not applied on the last occasion when confirmations and promotions were made there. An undergraduate clerk who passed the Account Test Examination was given preference. There were many graduates passing Divisional Test and Account Test. The principle laid down by the G. O. is not followed. There is no up-to-date gradation list in the Chief Engineer's office. These are some of the vagaries committed by the head of the department. Therefore I move this motion for the acceptance of this House.

MR. S. SESA AIYAR : There are definite rules with regard to the promotion and confirmation of the ministerial staff in the P. W. D. and these are common with the ministerial staff in other departments of the Government. Appointments to Rs. 20-25 scale are made by the Public Service Commissioner by direct recruitment. For promotions to the Rs. 25-40 scale and upwards rules are the main guide. Promotions are regulated in the ratio of 3 : 1 between graduates and non-graduates in the order of seniority of clerks. Promotions to the next higher grade i. e., Rs. 40-70 will be given to those who pass the Travancore Account Test and Divisional Test Examinations. There also, the ratio of 3 : 1 between graduates and non-graduates is maintained. Promotions to the next higher grade i. e., Rs. 75-100 shall ordinarily be made in the order of seniority, the proportion of graduates and non-graduates being maintained as before. The above rules have been almost strictly followed in the matter of confirmations and promotions in the ministerial staff that have been done recently. But in certain cases clerks